



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
921 Northeast 13th Street
Oklahoma City, OK 73104-5028

April 29, 2011

Regeana McCracken
Nursing Home Administrator
Ardmore SVH
1015 S. Commerce
Ardmore, OK 73402

Re: For Cause Survey CAP

Dear Mrs. McCracken:

The Oklahoma City VA Medical Center survey team conducted a For Cause Survey of the Ardmore State Veterans Home on March 16th & 17th, 2011. During the survey, deficiencies were cited and a letter was sent to you listing those deficiencies. On April 25, 2011 you responded with the facility's corrective action plan. Thank you for your corrective action plan, it has been accepted and these will be reviewed on your next annual survey.

Thank you for your continued dedication to the optimal care of Americas Heroes. If you have any questions, please contact Matthew Fox, LCSW, VA Medical Center Representative, who coordinates the survey team's activities at (405)-456-2602.

Sincerely,

A handwritten signature in black ink, appearing to read "David P. Wood", is located below the "Sincerely," text.

DAVID P. WOOD, MHA, FACHE
Medical Center Director

Cc: Executive Director, Oklahoma Department of Veteran Affairs
Network Director, VISN 16
Geriatrics and Extended Care Manager, VISN 16

Department of Veterans Affairs - (Standards - Nursing Home Care)

<u>SURVEY CLASS</u>	<u>SURVEY YEAR</u>	<u>COMPLETION DATE</u>
Cause Survey	2011	3/17/2011
<u>NAME OF FACILITY</u>	<u>STREET ADDRESS</u>	<u>CITY</u>
Ardmore State Veterans Home	1015 South Commerce	Ardmore
<u>SURVEYED BY</u> (VHA Field Activity of Jurisdiction)		<u>STATE</u>
Debbie Masden_635 Kathy Cummins_635 Matthew Fox	Paula Higgs_635	OK
		<u>ZIP CODE</u>
		73402

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING DATE
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1	<p>§ 51.210 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practical, physical, mental, and psychological well being of each resident.</p> <p>A. Governing body:</p> <ol style="list-style-type: none"> 1. The State must have a governing body, or designated person functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility, and 2. The governing body or State official with oversight for the facility appoints the administrator who is: <ol style="list-style-type: none"> i. Licensed by the State where licensing is required; and ii. Responsible for operations and management of the facility. 	(N) Not Met	<p>Based on record review and interview it was determined that the facility failed to follow facility policy related to timely investigations of alleged abuse, reporting potential abuse, use evidence provided by the facility's Progressive Disciplinary System; check potential new hires prior to employment for Nurse Aide Abuse Registry and Criminal record checks in and out of state and report substantiated abuse to State Board of Nursing and State Nurse Aide Abuse Registry.</p> <p>The findings include:</p> <p>Review of the facility's Patient Abuse/Neglect Policy and Procedure dated 03/08/2011 revealed:</p> <p>INVESTIGATION: upon receiving a report of alleged abuse the Administrator/Assistant Administrator or designee will notify the Department of Human Services Adult Protective Services immediately...assigned investigators are responsible for conducting a prompt initial investigation...completing a written report within 5 business days.</p> <p>Reporting Procedure:</p> <p>All incidents are documented and investigated, including injuries of unknown origin, incidents where abuse, neglect, mistreatment, or explorations of a patient are suspected shall be reported in accordance with the Oklahoma Department of Veterans Affairs SOP #713.</p> <p>Standing operating Procedure #713</p> <p>It is a requirement of the United States Department of Veterans Affairs, the Oklahoma Department of Veterans Affairs, and the Oklahoma Department of Human Services that all incidents of patient abuse, neglect, and exploitation be reported within a specific time frame. In accordance with Protective Services for Vulnerable Adults Act, the Administrator or designee must report the alleged incident immediately to the Oklahoma Department of Human Services at 1-800-522-3511 or (405) 521-3440. The Administrator or designee</p>	<p><insert CAP details here></p>			4/6/2011

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			<p>shall then initiate an investigation. The Administrator or designee shall provide a written report of charges, findings of the investigation and actions taken to the Nurse Aide Registry Division, Oklahoma state Department of Health. A final written report is also provided to the Oklahoma Department of Human Services, Long Term Care Investigations Unit (always, whether substantiated or not), as the incident was previously reported to that office. Additionally, if the investigation determines that a licensed or certified employee, (RN, LPN, Physician, social worker, etc.) was responsible; their licensing or certifying board/entity will be provided a copy of the final investigation. The facility Administrator or designee shall also ensure that the appropriate family member or significant other are promptly notified (always, whether substantiated or not).</p> <p>This agency has a zero tolerance for patient abuse.</p> <p>A. Review of the 04/16/2010 investigation involving the abuse of Resident #1 by CNA #1 revealed the incident was reported to LPN #1 on 04/14/2010. LPN #1 reported the incident to the Nurse House Supervisor on 04/15/2010 at 9:45pm. The Supervisor called and spoke to the Administrative Programs Officer who was the designee at the time. The facility investigative team started the investigation on 04/16/2010. In the investigation documentation there is no date and time indicating when the incident was reported to Department of Human Services Adult Protective. In addition the investigation and actions taken were not reported to the Nurse Aide Registry Division, Oklahoma state Department of Health.</p> <p>Review of the past year's investigations conducted by the facility revealed two CNAs were terminated for abuse and one Nurse was terminated for exploration/ misappropriation of residents money.</p> <p>Interview the Administrator on</p>				

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			<p>03/16/2011 at 3:52pm revealed he did not know he was suppose to report CNA #1 or the two other CNA's he had terminated to the Nurse Aide Registry and the Nurse to the State Board of Nursing even though it is in the facility policy. Interview with the Administrator on 03/16/2011 at 3:52pm revealed the facility uses a Progressive Disciplinary System, and explained that the Supervisors or Charge Nurses use the form, which is commonly called a "blue sheet" (since it's on blue colored paper) to discipline the staff. He stated that CNA #1 had several of these "blue sheets" in his file.</p> <p>A review of CNA #1's file with the blue sheets reviewed the following:</p> <p>1) Blue sheet informal counseling dated 03-05-2010, indicates that CNA #1 came to the facility unauthorized and without clocking in or out, on another shift, did not identify himself, and went to a unit that he normally did not work on. It was also noted on the form that the Supervisor had spoken with CNA #1 several times in the past about staying past regular clock out time, and will ask permission for staying late when needed. Agreement made between employee and Supervisor to correct behavior. Will leave at designated time and come in at scheduled time. When counseled, the CNA refused to sign the sheet and made no comment on the sheet.</p> <p>2) Blue sheet informal counseling dated 03/11/2010, indicated CNA #1 was frequently staying past assigned hours for his tour of duty, and this was keeping the oncoming staff from their assigned duties, it further states that unauthorized over time is against the facility policy. Agreement made between employee and supervisor to correct behavior. CNA #1 will clock in</p>			

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			<p>and out according to this assigned schedule.</p> <p>3) A typed statement from the 3-11 Supervisor dated 03/30/2010 indicated when she talked to CNA # 1 to adjust his work week and someone would cover for him, and he was to clock out 22:15 (10:15pm). She stated the CNA became angry, and stated he had not had a break, the Supervisor then informed him that ". She further states that at 11:00 pm, after she had already verified that CNA # 1 had clocked out at the correct time, she saw CNA # 1 coming out of the dirty utility room on unit 4, and when questioned he stated "I had to use the bath room", he was observed to have some dishes in his hand. His locker is in the clean utility room. She further states, "It is very difficult to talk to him", "always on the defense and very argumentative", and he is "loud and projects his voice, shakes his body, if what is being said is not what he wants to hear". States he will go to the bathroom during feeding time.</p> <p>Stated "he will not listen". She further stated that he will spend forty minutes with one resident, if not that he stays in the bathroom at the nurse's station.</p> <p>She further stated, "I have no intentions of being in a room with him that only has one way in or out, and he would be positioned by the door". Further states, he does not manage his time very well, and "I have given him chance after chance, but his attitude just continues to get worse". She concludes by stating "I do not feel comfortable around him because of his attitude" and "perhaps another shift would be best for</p>			

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			<p>him if he continues to stay here.</p> <p>4) Blue sheet dated 04/01/2010, reason for counseling CNA #1 was failure to complete work assignment. Unit 1 baths not done on 04/01/2010. He was informed that baths are mandatory and he should call someone and ask for help. Agreement made between employee and supervisor to correct behavior was that CNA #1 would inform charge nurse and ask for help with work assignments. This sheet was not signed by the CNA #1.</p> <p>5) Blue sheet dated 09/04/2010, CNA #1 was counseled for speaking inappropriately to a co-worker in front of a resident and his family.</p> <p>6) A memorandum dated 10/21/2010 to CNA #1 in regards to the use of excessive amount of unscheduled sick or enforced leave.</p> <p>7) A memorandum dated 11/08/2010 to CNA #1 in regards to continued medical certification, and states that each time unscheduled sick or enforced leave the CNA must bring a statement from the physician verifying the illness before he could return to work.</p> <p>8) Blue sheet dated 01/24/2011 states the reason for counseling CNA #1 was he was spending excessive time caring for one veteran, which resulted in not completing jobs tasks in timely fashion. Supervisor's statement was that CNA #1 went to restroom in lobby to assist a resident that had been incontinent of resident, and CNA #1 did not arrive back to unit 1 until 12:40 pm.</p> <p>9) Blue sheet dated 01/26/2011 stated the reason for counseling CNA #1 was he was carrying an excessive amount of trays with dirty dishes and caused a large spill. It stated he violated Safety Standards and was insubordinate. There was a handwritten statement attached which stated the Custodial Department employee asked CNA #1 to not put stacked trays on the tables, as she had sprayed cleaner on the tables. The CNA replied "Well I'm going to stack all these trays up and take them to the kitchen". CNA #1 was</p>				

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			<p>then approached by the House Supervisor and instructed to carry the trays one at a time to the kitchen. CNA #1 proceeded to stack all but one tray in both hands and dropped 6 glasses in the dining hall. This resulted in a ten (10) minute waste of the custodian's time in cleaning the spill.</p> <p>10) Blue sheet dated 02/28/2011 stated the reason for counseling CNA #1 was because he had used a stand up lift on a resident that required a sling lift.</p> <p>Agreement made between employee and supervisor to correct behavior was that CNA #1 would not use a stand up lift on this resident again.</p>				
			<p>Interview with an un-sampled Resident on 03/17/2011 at 9:45am revealed he (resident) had written a blue sheet reporting a nurse coming into his room on the evening shift and spending an excessive amount of time behind the divider curtain with his roommate. He complained this bothered his sleep and he felt very uncomfortable. He stated the Director of Nursing tore up the blue corrective counseling sheets and stated the incident would be handled internally. The resident revealed the nurse still continues to work at the facility and he was told he would have to move out of his room because he was the one complaining. Since then the resident's roommate has moved out but the nurse continues to work on the unit.</p>				
			<p>Interview with the Director of Nursing on 03/17/11 at 3:00pm revealed the blue informal counseling sheets are used by Supervisors when a licensed or certified staff needs to be written up for</p>				

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			behaviors that need some form of corrective action. She stated when she took over the responsibility of the Director of Nursing a few months ago, there were blue informal counseling forms missing from files that she had written as a supervisor.			
			B. The facility received a resident complaint 02/23/11 alleging resident abuse. Resident #5 reported several times to facility staff that he was hurt while being weighed on 02/21/10.			
			Review of the clinical records of Resident #5 revealed the resident was admitted to the facility on 09/03/2008. The resident was alert, oriented and interviewable. Resident #5 was non-ambulatory and required limit to total assist with activities of daily living.			
			Transferring required total assist from staff. Resident #5 had a physician's order to be weighed once a month.			
			However, the two (2) Aides weighing Resident #5 were weighing him weekly instead of monthly according to the physicians' orders.			
			A sling lift was ordered to weigh the resident. the sling was malfunctioning on Sunday 02/21/11			
			and the two Aides #5 and #6 decided to manually lift Resident #5, put him in the weight chair and take him back to his room after he was weighed. Resident #5 stated that PCA's #5 and #6 were rough and hurt him. The resident stated he continuously yelled at them			
			telling the Aides they were hurting him. He tried to tell them they did not have to weigh him because he was only weighed monthly.			

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			<p>He tried to get them to use the sling lift and PCA #5 stated they would weigh him the way they wanted to and they could have been hurt a lot worse than him.</p> <p>Resident #5 stated he reported the incident two times to nursing staff on Sunday February 21st.</p> <p>Resident #5 reported he was afraid of both those ladies (PCA #5 and PCA #6) and did not want them back in his room. The investigation was not initiated by the facility until Friday, February 26 th, after administration was notified.</p> <p>The facility has a "No Lift Policy" which states: All residents will be lifted by using an ARJO or EZ-WAY Lift (no matter the resident's weight). DO NOT USE THE LIFT AS TRANSPORTATION VEHICLE. This policy includes residents who need minimal assistance, partial assistance, or total assistance.</p> <p>Non-compliance with this policy will result in disciplinary action. Due to the serious nature of this particular policy, the "Informal Discussion" which is normally addressed for first offense in the agency's "Corrective Discipline Policy and Procedure" will be bypassed. A first offense will result in a documented "Corrective Interview". Further violations of this policy may result in termination of an employee.</p> <p>Record review of the investigative reports revealed interviews with the alleged PCA #5 and PCA #6 and additional staff until 03/02/2011, nine (9) days after the incident had occurred.</p>				

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			<p>Review of the facility incident report dated 2/23/11 revealed Resident #5 had alleged two Aides took him under his arms and dragged him to a chair used purposely for weighing residents, and then dragged him back to bed and then one of the aides fell on him.</p> <p>Resident #5 was assessed for injuries and found not to have any bruising, abrasions or any other physical signs of injury.</p>				
			<p>Review of the complaint summary filed on 02/25/11, the following findings were noted:</p> <p>four staff and Resident #5 were interviewed and found the resident had reported he was hurt while being weighed on 02/21/11. Resident #5 did not sustain injuries at this time. In an interview with PCA #5 and #6 both PCA's admitted to hearing the resident say he was hurt while being weighed. Both PCA's admitted to hearing Resident #5 say they were hurting him but they failed to stop or change the type of scale or the action of lifting him.</p> <p>The Charge Nurse did not notify appropriate personnel in a timely manner upon being told by the resident that he had been hurt. The Unit Supervisor failed to follow policies and procedures regarding the reported residents' claim of "abuse."</p>				
			<p>The facility concluded in their investigation resident mistreatment did occur on 02/21/2011 and PCA #5 and PCA #6 would be suspended without pay for a period of time.</p> <p>The Charge Nurse and the Nurse Supervisor both received a letter of reprimand.</p>				
			<p>C. Review of CNA #1's employment</p>				

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			<p>file on 03/16/2011 revealed the CNA had put on the employment application that between 02/2003 an 02/2006 he had worked as a certified nursing assistance at a hospital in Newport News, Virginia. The facility Criminal Record Checks (CRC) and Nurse Aide Abuse Registry only contained documentation from the state of Oklahoma.</p> <p>Employment record review of CNA#6 revealed she was hired on 01/03/11. She had a work history that included working in Texas. Further review revealed the Texas Department of Criminal Justice was not checked until 01/05/11, two days after the hire date, not prior to offer of employment as stated in the facility policy.</p> <p>Interview with the Human Resource Staff on 03/16/2011 at 9:15am revealed she only does CRC's and Nurse aide Abuse Registry checks in other states if the applicant puts they had worked in other states. When asked why the state of VA had not been checked for CNA #1, the HR staff stated, she had missed it.</p> <p>Based on interviews with Administrative staff facility failed to provide notification to Registry in cases where internal investigations substantiated abuse. State of Oklahoma applicable Law: TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 677. NURSE AIDE TRAINING AND CERTIFICATION: 310:677-1-4. Reporting allegations of abuse (a) An employer shall report to the Department any allegation of client or resident abuse, neglect, mistreatment or misappropriation of client's or resident's property against the employer's nurse aide. (b) An employer shall report to the Department by telephone within twenty-four (24) hours after receiving an allegation and in writing within five (5) working days after receiving an</p>				

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			<p>allegation.</p> <p>(c) The written report filed by the employer shall include:</p> <p>(1) The allegation;</p> <p>(2) Name and identification number of the nurse aide;</p> <p>(3) Date of the occurrence;</p> <p>(4) Results of any internal investigation;</p> <p>(5) Any corrective action taken by the employer; and</p> <p>(6) Name and address of any person who may have witnessed the incident.</p> <p>[Source: Added at 13 Ok Reg 1307, eff 3-28-96 (emergency); Added at 13 Ok Reg 2515, eff 6-27-96; Amended at 24 Ok Reg 2045, eff 6-25-2007]</p> <p>Based on Interview it was determined that the facility failed to meet the Mental and Psychosocial needs for five (5) of twenty-nine (29) sampled residents, Residents #1, #2, #3, #4 and #6.</p> <p>The findings include:</p> <p>Interview with the Social Services Director on 03/17/11 at 1:25 pm revealed that the facility had not provided the needed Mental or Psychosocial assessments for Residents #1, #2, #3, #4 and #6 after it had been determined the Residents had suffered from Sexual Abuse by CNA #1. She further revealed that she had not "been officially" informed of all of the details of those investigations, but she had "heard" about them. She further stated that no mental or psychosocial assessment had been obtained on any of the residents after the abuse occurred, one of which occurred in 04/2010 and these services had still not been provided for the residents.</p> <p>S/S = F</p>				

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2	<p>b. Disclosure of State agency and individual responsible for oversight of facility. The State must give written notice to the Chief Consultant, Geriatrics and Extended Care Strategic Healthcare Group (114), VA Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420, at the time of the change, if any of the following change:</p> <p>1. The State agency and individual responsible for oversight of a State home facility.</p> <p>2. The State home administrator.</p> <p>3. The State employee responsible for oversight of the State home facility if a contractor operates the State home.</p>	(M) Met					
3	<p>C 7. Annual State Fire Marshall's report.</p> <p>c. State official must sign four certificates</p>	(M) Met					
4	<p>8. Annual certification from the responsible State agency showing compliance with Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) (VA Form 10-0143A set forth at § 51.224);</p>	(M) Met					
5	<p>9. Annual certification for Drug-free Workplace Act of 1988 (VA Form 10-0143 set forth at § 51.225);</p>	(M) Met					
6	<p>10. Annual certification regarding lobbying in compliance with Public Law 101-121 (VA Form 10-0144 set forth at § 51.226);</p>	(M) Met					
7	<p>11. Annual certification of compliance with Title VI of the Civil Rights Act of 1964 as incorporated in Title 38 CFR 18.1-18.3 (VA Form 27-10-0144A located at § 51.227);</p>	(M) Met					
8	<p>d. Percentage of Veterans. The percent of the facility residents eligible for VA nursing home care must be at least 75 percent veterans except that the veteran percentage need only be more than 50 percent if the facility was constructed or renovated solely with State funds. All non-veterans residents must be spouses of veterans or parents all of whose children died while serving in the armed forces of the United States.</p>	(M) Met					
9	<p>e. Management Contract Facility. If a facility is operated by an entity contracting with the State, the State must assign a State employee to monitor the operations of the facility on a full-time onsite basis.</p>	(NA) Not Applicable	State manages, owns, and operates this facility.				
10	<p>f. Licensure. The facility and facility management must comply with applicable State and local licensure laws.</p>	(M) Met					

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11	g. Staffing qualifications: 1. The facility management must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. 2. Professional staff must be licensed, certified, or registered in accordance with applicable State laws.	(M) Met					
12	h. Use of Outside Resources: 1. If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h) (2) of this section. 2. Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for: i. Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and ii. The timeliness of the service.	(M) Met					

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13	I. Medical Director: 1. The facility management must designate a primary care physician to serve as medical director. 2. The medical director is responsible for: i. Participating in establishing policies, procedures, and guidelines to ensure adequate, comprehensive services; ii. Directing and coordinating medical care in the facility; iii. Helping to arrange for continuous physician coverage to handle medical emergencies; iv. Reviewing the credentialing and privileging process; v. Participating in managing the environment by reviewing and evaluating incident reports or summarizes of incident reports, identifying hazards to health and safety, and making recommendations to the administrator; and vi. Monitoring employees' health status and advising the administrator on employee health policies.	(M) Met				

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14	<p>1. Credentialing and privileging. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner, which may include physicians, podiatrists, dentists, psychologist, physician assistants, nurse practitioners, licensed nurses to provide patient care services in or for a health care organization. Privileging is the process whereby a specific scope and content of patient care services are authorized for a health care practitioner by the facility management, based on evaluation of the individual's credentials and performance.</p> <p>1. The facility management must uniformly apply Credentialing criteria to licensed independent practitioners applying to provide resident care or treatment under the facility's care.</p> <p>2. The facility management must verify and uniformly apply the following core criteria: Current licensures; current certification, if applicable; relevant education, training, and experience; current competence; and a statement that the individual is able to perform the services he or she is applying to provide.</p> <p>3. The facility management must decide whether to authorize the independent practitioner to provide resident care or treatment, and each credential's file must indicate that these criteria are uniformly and individually applied.</p> <p>4. The facility management must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility.</p> <p>5. When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience.</p> <p>6. The facility management systematically must assess whether individuals with clinical privileges act within the scope of privileges granted.</p>	(M) Met					

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15	k. Required training of nursing aides. 1. Nurse aide means any individual providing nursing or nursing-related services to residents in a facility who is not a licensed health professional, a registered dietitian, or a volunteer who provide such services without pay. 2. The facility management must not use any individual working in the facility as a nurse aide whether permanent or not unless: i. That individual is competent to provide nursing and nursing related services; and ii. That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State.	(M) Met					
16	3. Registry verification. Before allowing an individual to serve as a nurse aide, facility management must receive registry verification that the individual has met competency evaluation requirements unless the individual can prove that he or she has recently successfully completed a training and competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered. 4. Multi-State registry verification. Before allowing an individual to serve as a nurse aide, facility management must seek information from every State registry established under HHS regulations at 42 CFR 483.156 which the facility believes will include information on the individual.	(N) Not Met	Based on record review and interview it was determined that the facility failed to check other state registry's for one (1) CNA #1 of ten (10) employees that was known to work in other states. The findings include: Review of CNA #1(certified nursing assistant)'s employment file on 03/16/2011 revealed the CNA had put on the employment application that between 02/2003 an 02/2006 he had worked as a certified nursing assistance at a hospital in Newport News, Virginia. The facility Criminal Record Checks (CRC) and Nurse Aide Abuse Registry only contained documentation from the state of Oklahoma. Interview with the Human Resource Staff on 03/16/2011 at 9:15am revealed she only does CRC's and Nurse aide Abuse Registry checks in other states if the applicant puts they had worked in other states. When asked why the state of VA had not been checked for CNA #1, the HR staff stated, she had missed it. S/S=G	<insert CAP details here>			

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17	<p>5. Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation. The individual must complete a new training and competency evaluation program.</p> <p>6. Regular in-service education. The facility management must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must:</p> <p>i. Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year;</p> <p>ii. Address areas of weakness as determined in nurse aide's performance reviews and may address the special needs of residents as determined by the facility staff; and</p> <p>iii. For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.</p>	(M) Met					
18	<p>I. Proficiency of nurse aides. The facility management must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p>	(M) Met					

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19	<p>m. Level B Requirement Laboratory services.</p> <ol style="list-style-type: none"> i. The facility management must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services: i. If the facility provides its own laboratory services, the services must meet all applicable certification standards, statutes, and regulations for laboratory services. ii. If the facility provides blood bank and transfusion services, it must meet all applicable certification standards, statutes and regulations. iii. If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of services and meet certification standards, statutes, and regulations. iv. The laboratory performing the testing must have a current, valid CLIA number (Clinical Laboratory Improvement Amendments of 1988). The facility management must provide VA surveyors with the CLIA number and a copy of the results of the last CLIA inspection. v. Such services must be available to the resident seven days a week, 24 hours a day. <ol style="list-style-type: none"> 2. The facility management must: <ol style="list-style-type: none"> i. Provide or obtain laboratory services only when ordered by the primary physician; ii. Promptly notify the primary physician of the findings; iii. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and iv. File in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory. 	(M) Met					

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20	<p>n. Radiology and other diagnostic services.</p> <ol style="list-style-type: none"> 1. The facility management must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. i. If the facility provides its own diagnostic services, the services must meet all applicable certification standards, statutes, and regulations. ii. If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services. The services must meet all applicable certification standards, statutes, and regulations. iii. Radiologic and other diagnostic services must be available 24 hours a day, seven days a week. 2. The facility management must: <ol style="list-style-type: none"> i. Provide or obtain radiology and other diagnostic services only when ordered by the primary physician; ii. Promptly notify the primary physician of the findings; iii. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and iv. File in the resident's clinical record signed and dated reports of x-ray and other diagnostic services. 	(M) Met					

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21	0. Clinical Records: 1. The facility management must maintain clinical records on each resident in accordance with accepted professional standards and practices that are: i. Complete; ii. Accurately documented; iii. Readily accessible; and	(M) Met					
22	2. Clinical records must be retained for: i. The period of time required by State law; or ii. Five years from the date of discharge when there is no requirement in the State law.	(M) Met					
23	3. The facility management must safeguard clinical record information against loss, destruction, or unauthorized use.	(M) Met					
24	4. The facility management must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is required by: i. Transfer to another health care institution; ii. Law; iii. Third party payment contract; or iv. The resident.	(M) Met					
25	5. The Clinical record must contain: i. Sufficient information to identify the residents; v. Progress notes. iv. The results of any pre-admission screening conducted by the State; and iii. The plan of care and services provided;	(M) Met					

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26	p. Quality assessment and assurance. 1. Facility management must maintain a quality assessment and assurance committee consisting of: i. The director of nursing services; ii. A primary physician designated by the facility; and iii. At least three other members of the facility's staff.	(M) Met					
27	2. The quality assessment and assurance committee: i. Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and ii. Develops and implements appropriate plans of action to correct identified quality deficiencies; and	(M) Met					
28	3. Identified quality deficiencies are corrected within an established time period.	(M) Met					
29	q. Disaster and emergency preparedness. 1. The facility management must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.	(M) Met					
30	2. The facility management must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.	(M) Met					

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31	<p>f. Transfer agreement:</p> <p>1. The facility management must have in effect a written transfer agreement with one or more hospitals that reasonably assures that:</p> <p>i. Residents will be transferred from the nursing home to the hospital, and ensured of timely admission to the hospital when transfer is medically appropriate as determined by the primary physician; and</p> <p>ii. Medical and other information needed for care and treatment of residents, and, when the transferring facility deems it appropriate, for determining whether such residents can be adequately cared for in a less expensive setting than either the nursing home or the hospital, will be exchanged between the institutions.</p> <p>2. The facility is considered to have a transfer agreement in effect if the facility has an agreement with a hospital sufficiently close to the facility to make transfer feasible.</p>	(M) Met					
32	<p>u. Interningling. A building housing a facility recognized as a State home for providing nursing home care may only provide nursing home care in the areas of the building recognized as a State home for providing nursing home care.</p>	(M) Met					
33	<p>\$ 51.40 Basic per diem.</p> <p>(b) During Fiscal Year 2009 and during each subsequent Fiscal Year, VA will pay a facility recognized as a State home for nursing home care the lesser of the following for nursing home care provided to an eligible veteran in such facility:</p> <p>(1) One-half of the cost of the care for each day the veteran is in the facility; or</p> <p>(2) The basic per diem rate for the Fiscal Year established by VA in accordance with 38 U.S.C. 1741(c).</p>	(M) Met					

NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING DATE
<p>34 \$ 51.41 Per diem for certain veterans based on service-connected disabilities.</p> <p>(a) VA will pay a facility recognized as a State home for nursing home care at the per diem rate determined under paragraph (b) of this section for nursing home care provided to an eligible veteran in such facility, if the veteran:</p> <p>(1) Is in need of nursing home care for a VA adjudicated service-connected disability, or</p> <p>(2) Has a singular or combined rating of 70 percent or more based on one or more service-connected disabilities or a rating of total disability based on individual unemployment and is in need of nursing home care.</p> <p>(b) For purposes of paragraph (a) of this section, the rate is the lesser of the amount calculated under the paragraph (b)(1) or (b)(2) of this section.</p> <p>(1) For each of the 53 case-mix levels, the daily rate for each State home will be determined by multiplying the labor component by the nursing home wage index and then adding to such amount the non-labor component and an amount based on the CMS payment schedule for physician services. The amount for physician services, based on information published by CMS, is the average hourly rate for all physicians, with the rate modified by the applicable urban or rural geographic index for physician work, and then with the modified rate multiplied by 12 and then divided by the number of days in the year.</p> <p>Note to paragraph(b)(1): The amount calculated under this formula reflects the applicable or prevailing rate payable in the geographic area in which the State home is located for nursing home care furnished in a non-Department nursing home (a public or private institution not under the direct jurisdiction of VA which furnishes nursing home care). Further, the formula for establishing these rates includes CMS information that is published in the Federal Register every summer and is effective beginning October 1 for the entire fiscal year.</p> <p>(2) A rate not to exceed the daily cost of care for the month in the State home facility, as determined by the Chief Consultant, Office of Geriatrics and Extended Care, following a report to the Chief Consultant, Office of Geriatrics and Extended Care under the provisions of</p>	(M) Met					4/6/2011

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35	<p>\$51.43(b) of this part by the director of the State home.</p> <p>(c) Payment under this section to a State home for nursing home care provided to a veteran constitutes payment in full to the State home by VA for such care furnished to that veteran. Also, as a condition of receiving payments under this section, the State home must agree not to accept drugs and medicines from VA on behalf of veterans provided under 38 U.S.C. 1712(d) and corresponding VA regulations (payment under this section includes payment for drugs and medicines).</p> <p>\$ 51.43 Per diem and drugs and medicines—Principles.</p> <p>(a) VA will pay per diem under this part from the date of receipt of the completed forms.</p> <p>(b) VA pays per diem on a monthly basis. To receive payment, the State must submit to the VA medical center of jurisdiction a completed VA Form 10-5588, State Home Report and Statement of Federal Aid Claimed. This form is set forth in full at \$58.11 of this chapter.</p> <p>(c) Per diem will be paid under \$51.40 and 51.41 for each day that the veteran is receiving care and has an overnight stay. Per diem also will be paid when there is no overnight stay if the veteran has resided in the facility for 30 consecutive days (including overnight stays) and the facility has an occupancy rate of 90 percent or greater. However, these payments will be made only for the first 10 consecutive days during which the veteran is admitted as a patient for any stay in a VA or other hospital (a hospital stay could occur more than once in a calendar year) and only for the first 12 days in a calendar year during which the veteran is absent for purposes other than receiving hospital care.</p> <p>(e) The daily cost of care for an eligible veteran's nursing home care for purposes of \$51.40(a)(1) and 51.41(b)(2) consists of those direct and indirect costs attributable to nursing home care at the facility divided by the total number of residents at the nursing home.</p>	(M) Met					

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36	<p>\$ 51.70 Resident Rights</p> <p>The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility management must protect and promote the rights of each resident, including each of the following rights.</p> <ol style="list-style-type: none"> Exercise of rights. The resident has a right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility management in exercising his or her rights. The resident has the right to freedom from chemical or physical restraint. In the case of a resident determined incompetent under the laws of a State by a court of jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf. In the case of a resident who has not been determined incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law. 	(M) Met					

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37	<p>b. Notice of rights and services.</p> <ol style="list-style-type: none"> 1. The facility management must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Such notifications must be made prior to or upon admission and periodically during the resident's stay. 2. The resident or his or her legal representative has the right: <ol style="list-style-type: none"> i. Upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and ii. After receipt of his or her records for review, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and with 2 working days advance notice to the facility management. 3. The resident has the right to be fully informed in language that he or she can understand of his or her total health status; 4. The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (b)(7) of this section; and 5. The facility management must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services to be billed to the resident. 6. The facility management must furnish a written description of legal rights which includes: <ol style="list-style-type: none"> i. A description of the manner of protecting personal funds, under paragraph (c) of this section; ii. A statement that the resident may file a 	(M) Met				

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	<p>complaint with the State (agency) concerning resident abuse, neglect, misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>7. The facility management must have written policies and procedures regarding advance directives (e.g., living wills). These requirements include provisions to inform and provide written information to all residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. If an individual is incapacitated at the time of admission and is unable to receive information (due to the incapacitating conditions) or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the incapacitated individual or to a surrogate or other concerned persons in accordance with State law. The facility management is not relieved of its obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>8. The facility management must inform each resident of the name and way of contacting the primary physician responsible for his or her care.</p>						

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38	<p>9. Notification of changes:</p> <p>i. Facility management must immediately inform the resident; consult with the primary physician; and if known, notify the resident's legal representative or an interested family member when there is:</p> <p>A. An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>B. A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>C. A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment);</p> <p>D. A decision to transfer or discharge the resident from the facility as specified in § 51.80(a) of this part.</p> <p>ii. The facility management must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is:</p> <p>A. A change in room or roommate assignment as specified in § 51.100 (f)(2); or</p> <p>B. A change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>iii. The facility management must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	(M) Met					

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39	c. Protection of resident funds. 1. The resident has the right to manage his or her financial affairs, and the facility management may not require residents to deposit their personal funds with the facility. 2. Management of personal funds. Upon written authorization of a resident, the facility management must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(6) of this section.	(M) Met					
40	3. Deposit of funds. i. Funds in excess of \$100. The facility management must deposit any resident's personal funds in excess of \$100 in an interest-bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on residents' funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) ii. Funds less than \$100. The facility management must maintain a resident's personal funds that do not exceed \$100 in a non-interest-bearing account, interest-bearing account, or petty cash fund.	(M) Met					
41	4. Accounting and records. The facility management must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. i. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. ii. The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.	(M) Met					

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42	§ 51.70 Resident rights. (C) (5) Conveyance upon death. Upon the death of a resident with a personal fund deposited with the facility, the facility management must convey within 90 calendar days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate, or other appropriate individual or entity, if State law allows.	(M) Met					
43	6. Assurance of financial security. The facility management must purchase a surety bond, or otherwise provide assurance satisfactory to the Under Secretary for Health, to assure the security of all personal funds of residents deposited with the facility.	(M) Met					
44	d. Free Choice. The resident has the right to: 1. Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and 2. Unless determined incompetent or otherwise determined to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.	(M) Met					

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45	<p>e. Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>1. Residents have a right to personal privacy in their accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. This does not require the facility management to give a private room to each resident.</p> <p>2. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>3. The resident's right to refuse release of personal and clinical records does not apply when:</p> <p>i. The resident is transferred to another health care institution; or</p> <p>ii. Record release is required by law.</p>	(M) Met					
46	<p>f. Grievances. A resident has the right to:</p> <p>1. Voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received; and</p> <p>2. Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p>	(M) Met					
47	<p>g. Examination of survey results. A resident has the right to:</p> <p>1. Examine the results of the most recent VA survey with respect to the facility. The facility management must make the results available for examination in a place readily accessible to residents, and must post a notice of their availability; and</p> <p>2. Receive information from agencies acting as clinical advocates, and be afforded the opportunity to contact these agencies.</p>	(M) Met					

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48	<p>h. Work. The resident has the right to:</p> <ol style="list-style-type: none"> 1. Refuse to perform services for the facility; 2. Perform services for the facility, if he or she chooses, when: <ol style="list-style-type: none"> i. The facility has documented the need or desire for work, in the plan of care; ii. The plan specifies the nature of the services performed and whether the services are voluntary or paid; iii. Compensation for paid services is at or above prevailing rates; and iv. The resident agrees to the work arrangement described in the plan of care. 	(M) Met					
49	<ol style="list-style-type: none"> 1. Mail. The resident has the right to privacy in written communications, including the right to: <ol style="list-style-type: none"> 1. Send and promptly receive mail that is unopened; and 2. Have access to stationary, postage, and writing implements at the resident's own expense. 	(M) Met					

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50	<p>i. Access and visitation rights.</p> <p>1. The resident has the right and the facility management must provide immediate access to any resident by the following:</p> <p>i. Any representative of the Under Secretary for Health;</p> <p>ii. Any representative of the State;</p> <p>iii. Physicians of the resident's choice;</p> <p>iv. The State long-term care ombudsman;</p> <p>v. Immediate family or other relatives of the resident subject to the resident's right to deny or withdraw consent at any time; and</p> <p>vi. Others who are visiting subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time.</p> <p>2. The facility management must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.</p> <p>3. The facility management must allow representatives of the State Ombudsman Program, described in paragraph (j)(1)(iv) of this section, to examine a resident's clinical records with the permission of the resident or the resident's legal representative, subject to State law.</p>	(M) Met					
51	k. Telephone. The resident has the right to reasonable access to use a telephone where calls can be made without being overheard.	(M) Met					
52	<p>i. Personal property. The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other resident</p>	(M) Met					
53	m. Married couples. The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.	(M) Met					

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54	n. Self-Administration of drugs. An individual resident may self-administer drugs if the interdisciplinary team, as defined by § 51.110(d)(2)(i) of this part, has determined that this practice is safe.	(M) Met					
55	<p>\$ 51.80 Admission, transfer and discharge rights.</p> <p>a. Transfer and discharge:</p> <ol style="list-style-type: none"> 1. Definition. Transfer and discharge includes movement of a resident to a bed outside of the facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same facility. 2. Transfer and discharge requirements. The facility management must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: <ol style="list-style-type: none"> i. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing home; ii. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the nursing home; iii. The safety of individuals in the facility is endangered; iv. The health of individuals in the facility would otherwise be endangered; v. The resident has failed, after reasonable and appropriate notice to pay for a stay at the facility, or vi. The nursing home ceases to operate. 3. Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (a)(2)(i) through (a)(2)(vi) of this section, the primary physician must document in the resident's clinical record. 	(M) Met					
56		(M) Met					

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57	<p>4. Notice before transfer. Before a facility transfers or discharges a resident, the facility must:</p> <p>i. Notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.</p> <p>ii. Record the reasons in the resident's clinical record; and</p> <p>iii. Include in the notice the items described in paragraph (a)(6) of this section.</p>	(M) Met					
58	<p>5. Timing of the notice.</p> <p>i. The notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged, except when specified in paragraph (a)(5)(ii) of this section;</p> <p>ii. Notice may be made as soon as practicable before transfer or discharge when:</p> <p>A. The safety of individuals in the facility would be endangered;</p> <p>B. The health of individuals in the facility would be otherwise endangered;</p> <p>C. The resident's health improves sufficiently so the resident no longer needs the services provided by the nursing home;</p> <p>D. The resident's needs cannot be met in the nursing home.</p>	(M) Met					

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59	6. Contents of the notice. The written notice specified in paragraph (a)(4) of this section must include the following: i. The reason for transfer or discharge; ii. The effective date of transfer or discharge; iii. The location to which the resident is transferred or discharged; iv. A statement that the resident has the right to appeal the action to the State official designated by the State; and v. The name, address and telephone number of the State long term care ombudsman.	(M) Met							
60	7. Orientation for transfer or discharge. A facility management must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.	(M) Met							

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					DATE	DATE			
61	b. Notice of bed-hold policy and readmission. 1. Notice before transfer. Before a facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the facility management must provide written information to the resident and a family member or legal representative that specifies: i. The duration of the facility's bed-hold policy, if any, during which the resident is permitted to return and resume residence in the facility; and ii. The facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section permitting a resident to return. 2. Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, facility management must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section. 3. Permitting resident to return to facility. A nursing facility must establish and follow a written policy under which a resident, whose hospitalization or therapeutic leave exceeds the bed-hold period is readmitted to the facility immediately upon the first availability of a bed in a semi-private room. If the resident required the services provided by the facility.	(M) Met							
62	c. Equal access to quality care. The facility management must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services for all individuals regardless of source of payment.	(M) Met							
63	d. Admissions policy. The facility management must not require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may require an individual	(M) Met							

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					DATE				
64	<p>§ 51.90 Resident behavior and facility practices.</p> <p>a. Restraints.</p> <p>1. The resident has a right to be free from any chemical or physical restraints imposed for purposes of discipline or convenience. When a restraint is applied or used, the purpose of the restraint is reviewed and is justified as a therapeutic intervention.</p> <p>i. Chemical restraint is the inappropriate use of a sedating psychotropic drug to manage or control behavior.</p> <p>ii. Physical restraint is any method of physically restricting a person's freedom of movement, physical activity or normal access to his or her body. Bed rails and vest restraints are examples of physical restraints.</p> <p>2. The facility management uses a system to achieve a restraint-free environment.</p> <p>3. The facility management collects data about the use of restraints.</p> <p>4. When alternatives to the use of restraint are ineffective, restraint is safely and appropriately used.</p>	(M) Met							

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65	<p>b. Abuse. The resident has the right to be free from mental, physical, sexual, and verbal abuse or neglect, corporal punishment, and involuntary seclusion.</p> <ol style="list-style-type: none"> 1. Mental abuse includes humiliation, harassment, and threats of punishment or deprivation. 2. Physical abuse includes hitting, slapping, pinching or kicking. Also includes controlling behavior through corporal punishment. 3. Sexual abuse includes sexual harassment, sexual coercion, and sexual assault. 4. Neglect is any impaired quality of life for an individual because of the absence of minimal services or resources to meet basic needs. Includes withholding or inadequately providing food and hydration (without physician, resident, or surrogate approval), clothing, medical care, and good hygiene. May also include placing the individual in unsafe or unsupervised conditions. 5. Involuntary seclusion is a resident's separation from other residents or from the resident's room against his or her will or the will of his or her legal representative. 	(N) Not Met	<p>Based on record review and interview it was determined the facility failed to protect five (5) of twenty-nine (29) sampled residents for staff abuse (Residents #1, #2, #3, #4 and #6). In April 2010 Resident #1 was sexually assaulted by CNA #1. Investigations conducted by the facility and Adult Protective Services (APS) substantiated that abuse had occurred and recommended termination of the CNA #1. However the administrator overruled the recommendations and let the CNA continued to work at the facility.</p> <p>In September 2010 Resident #2 reported inappropriate contact with the same CNA #1. The administrator concluded that CNA#1 was inappropriate but no abuse had occurred even though the resident stated CNA#1 had inserted his fingers into Resident #2's rectum. The police notified the facility 03/01/2011 that they would be investigating an allegation that Resident #2 was sexually abuse by CNA #1. CNA #1 was arrested 03/03/2011 and charged with Rape by instrumentation.</p> <p>During the For Cause investigation conducted on 3/16-3/17/2011 revealed three more residents, Residents #3, #4 and #6 had also been sexually assaulted by the same CNA#1.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Record review of Resident #1 revealed the resident was admitted to the facility on 03/30/2007 with diagnoses that includes Alzheimer's disease, Prostate Cancer, Gastro esophageal Reflux and Osteoarthritis. The quarterly Minimal Data Set (MDS) dated 06/29/2010 assessed the resident with severe cognitive status and short/long term memory deficit. The MDS records the resident needed extensive assistance with activity of daily living, resisted care, non-ambulatory, did not show pain on a routine bases and was incontinent of bowel and bladder. The facility care planned Resident #1 for 	Insert CAP details here->			

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			comfort care. End of Life issues, to obtain a thorough pain history including on-going experiences and observe for changes in mood and behavior. Resident #1 expired 08/17/2010 with Dehydration and Pneumonia secondary to end stage Alzheimer's disease.				
			<p>Review of the facility's abuse investigation dated 04/16/2010 revealed LPN #1 reported to the Nurse House Supervisor that CNA #2 had witnessed CNA #1 putting up to four of his fingers into Resident #1's rectum. CNA #2 gave vivid details of how Resident #1 would cry out in pain and state, "that hurts".</p> <p>CNA #2 described how Resident #1 would get anxious when seeing CNA #1 and say "Don't hurt me".</p> <p>In LPN #1's statement, the LPN noticed other resident become nervous and agitated around CNA #1, particularly Resident #1 who would state, "Please please don't hurt me". LPN #1 also stated CNA #1 would close and block the doors of confused residents rooms to be alone with them.</p> <p>The facility investigative team concluded abuse had occurred and recommended the termination of CNA #1. However the Facility Administrator suspended CNA#1 for five (5) working days without pay; reassigned CNA #1 to day shift and let CNA#1 return to work on May 3, 2010 at 6:30am.</p> <p>2. Record review revealed Resident #2 was admitted to the facility 09/02/2010 with diagnoses that include Quadriplegia, Chronic Low Back Pain,</p>				

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			<p>Osteoarthritis and Depression. The Quarterly MDS assessment dated 03/01/2011 assessed the resident as alert and oriented requiring extensive care with activity of daily living.</p> <p>Interview with Resident # 2 on 03/16/2011 at 5:30 pm revealed that CNA #1 had been cleaning the resident after an incontinent bowel movement. The Resident states "he was cleaning me up and he spent a lot of time back there, and he inserted one finger about half way to the second knuckle". I knew this was not appropriate, and no other staff member had ever done this to me before at any time. The resident stated that he spoke to the Administrator and informed him of what happened and that it was not appropriate and that I didn't want that CNA to take care of me anymore.</p> <p>Interview with the Administrator on 03/16/2011 at 3:52pm revealed he was away from the facility when the abuse investigation was conducted on Resident #1. He thought it was a case of one aide that did not like another aide and he had talked to the Executive Director for the State Veterans Affairs about the case and decided not to terminate CNA #1. The administrator admitted the agency, Adult Protective Services, had also investigated the incident and substantiated abuse and recommended that CNA #1 be terminated. The Administrator stated he had made a very bad decision.</p> <p>The administrator also said he</p>				

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			<p>had talked to Resident #2 back in September of 2010 about the incident of inappropriate contact by CNA #1 while providing incontinent care. The administrator stated that Resident #2 did not think it was abuse so the administrator did not investigate the incident or report it. He stated that after the decision was made to not terminate the CNA, he had the CNA transferred to day shift and had him re-in serviced on peri-care and abuse. He revealed that he had spoke with the CNA regarding Res # 2's complaint, and the CNA's response was "are you fussing at me for doing my job?"</p> <p>The Administrator stated he then informed the CNA that he was not fussing at him but that he should clean the residents and go on, that when he spent that much time "back there" it made the residents uncomfortable, especially the male residents.</p> <p>Additional review of facility investigations from 03/16/2010 through 03/16/2011 revealed documented statements CNA#2 and LPN #1 that Resident #3, Resident #4 and Resident #6 were also sexually abused by CNA #1 and never investigated.</p> <p>Record review revealed Resident #3's quarterly MDS dated 01/25/2011 assessed the resident with severe impaired cognition, short/long memory deficit, difficulty in understanding and making self understood, total dependence on staff for activities of daily living. Resident #3's</p>				

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			<p>diagnoses included Psychosis Vascular Dementia and Chronic Renal Disease.</p> <p>Record review revealed Resident #4's quarterly MDS 09/08/2010 assessed the resident with impaired cognition, left sided weakness due to stroke, Anxiety Disorder and required extensive assistance with activities of daily living. Resident #4 expired 12/23/10 at VA Medical center.</p> <p>A phone interview with CNA #2 on 03/17/2011 revealed she works the 7-3 shift at the facility. She stated that "last year" sometime she gave a statement to the LPN on the unit regarding an incident of abuse. She stated she was looking for CNA #1, she found him in Resident #3's room. She further stated that the Resident #3 was non verbal, but used facial gestures to communicate such as smiling when happy and grimacing when in pain. She stated that CNA #1 then put the tips of three (3)) of his fingers, "pointer finger, middle finger and ring finger" into Resident #3's rectum and was pulling stool from the rectum in a sweeping/wiping motion. She further stated that the resident was grimacing and fighting "as if trying to get away" from CNA #1. She then stated "we" are not allowed to do that, it made me sick to my stomach and I reported it to the nurse.</p> <p>CNA #2 also revealed that on another occasion she was looking for CNA #1, and she found him in Resident #4's room. She states Resident #4 had no use of his right side due to having a stroke and he had a very limited vocabulary of</p>				

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			<p>"yes", "no" and the "G.D." word. She stated CNA #1 had the resident on his left side which is his unaffected side. She further stated the resident was not able to move his right arm due to that position. She then stated that upon entry to the room Resident #4 was "screaming in pain." CNA #2 further revealed she observed CNA #1 wiping the resident's buttocks and she stated "his bottom is clean" but CNA #1 continued to wipe the resident's "bottom". She further revealed this incident happened immediately after CNA #1 had been in the bath house with this resident for 45 - 60 minutes.</p> <p>Review of LPN #2's statement dated 03/02/2011 revealed the Nurse had instructed CNA #1 to bring Resident #6 to the dining room for the evening meal. The nurse stated she had finished passing medications to the Unit 7 residents and started to help feed residents that needed assistance. The nurse noticed Resident #6 was not in the dining room and went to check on why CNA #1 was taking so long. The nurse's statement states when she entered Resident #6's room, CNA #1 had the resident's bed in the highest position it would go and Resident #6 was naked. CNA #1 yelled at the nurse to close the door that he was cleaning the resident. The nurse thought the situation appeared unsavory. She states CNA #1 was always taking too a long time with residents that were unable to talk.</p> <p>S/S= I</p>				

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66	<p>c. Staff treatment of residents. The facility management must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. The facility management must:</p> <p>i. Not employ individuals who:</p> <p>A. Have been found guilty of abusing, neglecting, or mistreating individuals by a court of law; or</p> <p>B. Have had a finding entered into an applicable State registry or with the applicable licensing authority concerning abuse, neglect, mistreatment of individuals or misappropriation of their property; and</p> <p>ii. Report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>2. The facility management must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with state law through established procedures.</p> <p>3. The facility management must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>4. The results of all investigations must be reported to the administrator or the designated representative and to other officials in accordance with State law within 5 working days of the incident, and appropriate corrective action must be taken if the alleged violation is verified.</p>	(N) Not Met	<p>Based on record review and interview it was determined that the facility failed to follow facility policy related to timely investigations of alleged abuse, reporting potential abuse, use evidence provide by the facility's Progressive Disciplinary System; check potential new hires prior to employment for Nurse Aide Abuse Registry and Criminal record checks in and out of state and report substantiated abuse to State Board of Nursing and State Nurse Aide Abuse Registry.</p> <p>The findings include:</p> <p>Review of the facility's Patient Abuse/Neglect Policy and Procedure dated 03/08/2011 revealed:</p> <p>INVESTIGATION: upon receiving a report of alleged abuse the Administrator/Assistant Administrator or designee will notify the Department of Human Services Adult Protective Services immediately...assigned investigators are responsible for conducting a prompt initial investigation...completing a written report within 5 business days...</p> <p>Reporting Procedure: All incidents are documented and investigated, including injuries of unknown origin, incidents where abuse, neglect, mistreatment, or explorations of a patient are suspected shall be reported in accordance with the Oklahoma Department of Veterans Affairs SOP #713. Standing operating Procedure #713 It is a requirement of the United States Department of Veterans Affairs, the Oklahoma Department of Veterans Affairs, and the Oklahoma Department of Human Services that all incidents of patient abuse, neglect, and exploitation be reported with in a specific time frame. In accordance with Protective Services for Vulnerable Adults Act, the Administrator or designee must report the alleged incident immediately to the</p>	<Insert CAP details here>			

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			<p>Oklahoma Department of Human Services at 1-800-522-3511 or (405) 521-3440. The Administrator or designee shall then initiate an investigation. The Administrator or designee shall provide a written report of charges, findings of the investigation and actions taken to the Nurse Aide Registry Division, Oklahoma state Department of Health. A final written report is also provided to the Oklahoma Department of Human services, Long Term Care Investigations Unit (always, whether substantiated or not), as the incident was previously reported to that office. Additionally, if the investigation determines that a licensed or certified employee, (RN, LPN, Physician, social worker, etc.) was responsible; their licensing or certifying board/entity will be provided a copy of the final investigation. The facility Administrator or designee shall also ensure that the appropriate family member or significant other are promptly notified (always, whether substantiated or not). "This agency has a zero tolerance for patient abuse".</p> <p>A. Review of the 04/16/2010 investigation involving the abuse of Resident #1 by CNA #1 revealed the incident was reported to LPN #1 on 04/14/2010. LPN #1 reported the incident to the Nurse House Supervisor on 04/15/2010 at 9:45pm. The Supervisor called and spoke to the Administrative Programs Officer who was the designee at the time. The facility investigative team started the investigation on 04/16/2010. In the investigation documentation there is no date and time indicating when the incident was reported to Department of Human Services Adult Protective. In addition the investigation and actions taken were not reported to the Nurse Aide Registry Division, Oklahoma state Department of Health.</p> <p>Review of the past year's investigations conducted by the facility revealed two CNA's were terminated for abuse and one Nurse was terminated for exploration/ misappropriation of residents</p>				

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			money. Interview the Administrator on 03/16/2011 at 3:52pm revealed he did not know he was suppose to report CNA #1 or the two other CNAs he had terminated to the Nurse Aide Registry and the Nurse to the State Board of Nursing even though it is in the facility policy. Interview with the Administrator on 03/16/2011 at 3:52pm revealed the facility uses a Progressive Disciplinary System, and explained that the Supervisors or Charge Nurses use the form, which is commonly called a "blue sheet" (since it's on blue colored paper) to discipline the staff. He stated that CNA #1 had several of these "blue sheets" in his file. A review of CNA #1's file with the blue sheets reviewed the following: 1) Blue sheet informal counseling dated 03-05-2010, indicates that CNA # 1 came to the facility unauthorized and without clocking in or out, on another shift, did not identify himself, and went to a unit that he normally did not work on. It was also noted on the form that the Supervisor had spoken with CNA #1 several times in the past about staying past regular clock out time, and will ask permission for staying late when needed. Agreement made between employee and Supervisor to correct behavior. Will leave at designated time and come in at scheduled time. When counseled, the CNA refused to sign the sheet and made no comment on the sheet. 2) Blue sheet informal counseling dated 03/11/2010, indicated CNA #1 was frequently staying past assigned hours for his tour of duty, and this was keeping the oncoming staff from their assigned duties, it further states that unauthorized over time is against the				

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			<p>facility policy. Agreement made between employee and supervisor to correct behavior. CNA #1 will clock in and out according to this assigned schedule.</p> <p>3) A typed statement from the 3-11 Supervisor dated 03/30/2010 indicated when she talked to CNA # 1 to adjust his work week and someone would cover for him, and he was to clock out 22:15 (10:15pm). She stated the CNA became angry, and stated he had not had a break, the Supervisor then informed him that ". She further states that at 11:00 pm, after she had already verified that CNA # 1 had clocked out at the correct time, she saw CNA # 1 coming out of the dirty utility room on unit 4, and when questioned he stated "I had to use the bath room", he was observed to have some dishes in his hand. His locker is in the clean utility room.</p> <p>She further states, "It is very difficult to talk to him", "always on the defense and very argumentative", and he is "loud and projects his voice, shakes his body, if what is being said is not what he wants to hear". States he will go to the bathroom during feeding time.</p> <p>Stated "he will not listen". She further stated that he will spend forty minutes with one resident, if not that he stays in the bathroom at the nurse's station.</p>	<p>She further stated, "I have no intentions of being in a room with him that only has one way in or out, and he would be positioned by the door". Further states, he does not manage his time very well, and "I have given him chance after chance, but his attitude just continues to get worse". She concludes by stating "I</p>		

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			<p>do not feel comfortable around him because of his attitude" and "perhaps another shift would be best for him if he continues to stay here.</p> <p>4) Blue sheet dated 04/01/2010, reason for counseling CNA #1 was failure to complete work assignment, Unit 1 baths not done on 04/01/2010. He was informed that baths are mandatory and he should call someone and ask for help". Agreement made between employee and supervisor to correct behavior was that CNA #1 would inform charge nurse and ask for help with work assignments. This sheet was not signed by the CNA #1.</p> <p>5) Blue sheet dated 09/04/2010, CNA #1 was counseled for speaking inappropriately to a co-worker in front of a resident and his family.</p> <p>6) A memorandum dated 10/21/2010 to CNA #1 in regards to the use of excessive amount of unscheduled sick or enforced leave.</p> <p>7) A memorandum dated 11/09/2010 to CNA # 1 in regards to continued medical certification, and states that each time unscheduled sick or enforced leave the CNA must bring a statement from the physician verifying the illness before he could return to work.</p> <p>8) Blue sheet dated 01/24/2011 states the reason for counseling CNA #1 was he was spending excessive time caring for one veteran, which resulted in not completing jobs tasks in timely fashion. Supervisor's statement was that CNA #1 went to restroom in lobby to assist a resident that had been incontinent of resident, and CNA #1 did not arrive back to unit 1 until 12:40 pm. CNA #1 refused to sign the sheet.</p> <p>9) Blue sheet dated 01/26/2011 stated the reason for counseling CNA #1 was he was carrying an excessive amount of trays with dirty dishes and caused a large spill. It stated he violated Safety Standards and was Insubordinate. There was a hand written statement attached which stated the Custodial Department employee asked CNA #1 to not put stacked trays on the</p>				

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		<p>tables, as she had sprayed cleaner on the tables. The CNA replied "Well I'm going to stack all these trays up and take them to the kitchen". CNA #1 was then approached by the House Supervisor and instructed to carry the trays one at a time to the kitchen. CNA #1 proceeded to stack all but one tray in both hands and dropped 6 glasses in the dining hall. This resulted in a ten (10) minute waste of the custodian's time in cleaning the spill.</p> <p>10) Blue sheet dated 02/28/2011 stated the reason for counseling CNA #1 was because he had used a stand up lift on a resident that required a sling lift. Agreement made between employee and supervisor to correct behavior was that CNA #1 would not use a stand up lift on this resident again.</p> <p>Interview with an un-sampled Resident on 03/17/2011 at 9:45am revealed he (resident) had written a blue sheet reporting a nurse coming into his room on the evening shift and spending an excessive amount of time behind the divider curtain with his roommate. He complained this bothered his sleep and he felt very uncomfortable. He stated the Director of Nursing tore up the blue corrective counseling sheets and stated the incident would be handled internally. The resident revealed the nurse still continues to work at the facility and he was told he would have to move out of his room because he was the one complaining. Since then the resident's roommate has moved out but the nurse continues to work on the unit.</p> <p>Interview with the Director of Nursing on 03/17/11 at 3:00pm revealed the blue</p>			

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			<p>informal counseling sheets are used by Supervisors when a licensed or certified staff needs to be written up for behaviors that need some form of corrective action. She stated when she took over the responsibility of the Director of Nursing a few months ago, there were blue informal counseling forms missing from files that she had written as a supervisor.</p> <p>B. The facility received a resident complaint 02/23/11 alleging resident abuse. Resident #5 reported several times to facility staff that he was hurt while being weighed on 02/21/10.</p> <p>Review of the clinical records of Resident #5 revealed the resident was admitted to the facility on 09/03/2008. The resident was alert, oriented and interviewable. Resident #5 was non-ambulatory and required limit to total assist with activities of daily living. Transferring required total assist from staff. Resident #5 had a physician's order to be weighed once a month. However, the two (2) Aides weighing Resident #5 were weighing him weekly instead of monthly according to the physicians' orders. A sling lift was ordered to weigh the resident the sling was malfunctioning on Sunday 02/21/11 and the two Aides #5 and #6 decided to manually lift Resident #5, put him in the weight chair and take him back to his room after he was weighed. Resident #5 stated that PCAs #5 and #6 were rough and hurt him. The resident stated he continuously yelled at them telling the Aides they were</p>				

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			hurting him. He tried to tell them they did not have to weigh him because he was only weighed monthly.				
			He tried to get them to use the sling lift and PCA #5 stated they would weigh him the way they wanted to and they could have been hurt a lot worse than him.				
			Resident #5 stated he reported the incident two times to nursing staff on Sunday February 21st.				
			Resident #5 reported he was afraid of both those ladies (PCA #5 and PCA #6) and did not want them back in his room. The investigation was not initiated by the facility until Friday, February 26 th, after administration was notified.				
			The facility has a "No Lift Policy" which states: All residents will be lifted by using an ARJO or EZ-WAY Lift (no matter the resident's weight). DO NOT USE THE LIFT AS A TRANSPORTATION VEHICLE. This policy includes residents who need minimal assistance, partial assistance, or total assistance.				
			Non-compliance with this policy will result in disciplinary action. Due to the serious nature of this particular policy, the "Informal Discussion" which is normally addressed for first offense in the agency's "Corrective Discipline Policy and Procedure" will be bypassed. A first offense will result in a documented "Corrective Interview". Further violations of this policy may result in termination of an employee.				
			Record review of the investigative reports revealed interviews with the alleged PCA #5				

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			<p>and PCA #6 and additional staff until 03/02/2011, nine (9) days after the incident had occurred.</p> <p>Review of the facility incident report dated 2/23/11 revealed Resident #5 had alleged two Aides took him under his arms and dragged him to a chair used purposely for weighing residents, and then dragged him back to bed and then one of the aides fell on him.</p> <p>Resident #5 was assessed for injuries and found not to have any bruising, abrasions or any other physical signs of injury.</p> <p>Review of the complaint summary filed on 02/25/11, the following findings were noted:</p> <p>four staff and Resident #5 were interviewed and found the resident had reported he was hurt while being weighed on 02/24/11. Resident #5 did not sustain injuries at this time. In an interview with PCA #5 and #6 both PCA's admitted to hearing the resident say he was hurt while being weighed. Both PCA's admitted to hearing Resident #5 say they were hurting him but they failed to stop or change the type of scale or the action of lifting him.</p> <p>The Charge Nurse did not notify appropriate personnel in a timely manner upon being told by the resident that he had been hurt. The Unit Supervisor failed to follow policies and procedures regarding the reported residents' claim of "abuse."</p> <p>The facility concluded in their investigation resident mistreatment did occur on 02/21/2011 and PCA #5 and PCA #6 would be suspended without pay for a period of time.</p>				

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			<p>The Charge Nurse and the Nurse Supervisor both received a letter of reprimand.</p> <p>C. Review of CNA #1's employment file on 03/16/2011 revealed the CNA had put on the employment application that between 02/2003 and 02/2006 he had worked as a certified nursing assistance at a hospital in Newport News, Virginia. The facility Criminal Record Checks (CRC) and Nurse Aide Abuse Registry only contained documentation from the state of Oklahoma.</p> <p>Employment record review of CNA#6 revealed she was hired on 01/03/11. She had a work history that included working in Texas. Further review revealed the Texas Department of Criminal Justice was not checked until 01/05/11, two days after the hire date, not prior to offer of employment as stated in the facility policy.</p> <p>Interview with the Human Resource Staff on 03/16/2011 at 9:15am revealed she only does CRC's and Nurse aide Abuse Registry checks in other states if the applicant puts they had worked in other states. When asked why the state of VA had not been checked for CNA #1, the HR staff stated, she had missed it.</p> <p>Based on interviews with Administrative staff facility failed to provide notification to Registry in cases where internal investigations substantiated abuse. State of Oklahoma applicable Law: TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 677. NURSE AIDE TRAINING AND CERTIFICATION: 310:677-1-4. Reporting allegations of abuse (a) An employer shall report to the Department any allegation of client or resident abuse, neglect, mistreatment or misappropriation of client's or resident's property against the employer's nurse aide.</p>				

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67	<p data-bbox="792 170 815 380">§ 51.100 Quality of Life.</p> <p data-bbox="678 170 764 569">A facility management must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.</p> <p data-bbox="545 170 647 558">a. Dignity. The facility management must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p data-bbox="469 170 513 569">b. Self-determination and participation. The resident has the right to:</p> <p data-bbox="375 170 435 558">1. Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans for care;</p> <p data-bbox="300 170 344 558">2. Interact with members of the community both inside and outside the facility; and</p> <p data-bbox="224 170 267 569">3. Make choices about aspects of his or her life in the facility that are significant to the resident.</p>	(M) Met	<p data-bbox="902 751 922 810">S/S=H</p> <p data-bbox="992 751 1386 1083">(b) An employer shall report to the Department by telephone within twenty-four (24) hours after receiving an allegation and in writing within five (5) working days after receiving an allegation. (c) The written report filed by the employer shall include: (1) The allegation; (2) Name and identification number of the nurse aide; (3) Date of the occurrence; (4) Results of any internal investigation; (5) Any corrective action taken by the employer; and (6) Name and address of any person who may have witnessed the incident. [Source: Added at 13 Ok Reg 1307, eff 3-28-96 (emergency); Added at 13 Ok Reg 2515, eff 6-27-96; Amended at 24 Ok Reg 2045, eff 6-25-2007]</p>				

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68	c. Resident Council. The facility management must establish a council of residents that meet at least quarterly. The facility management must document any concerns submitted to the management of the facility by the council.	(M) Met					
69	d. Participation in resident and family groups. 1. A resident has the right to organize and participate in resident groups in the facility; 2. A resident's family has the right to meet in the facility with the families of other residents in the facility; 3. The facility management must provide the council and any resident or family group that exists with private space; 4. Staff or visitors may attend meetings at the group's invitation; 5. The facility management must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings; 6. The facility management must listen to the views of any resident or family group, including the council established under paragraph (c) of this section, and act upon the concerns of residents, families, and the council regarding policy and operational decisions affecting resident care and life in the facility.	(M) Met					
70	e. Participation in other activities. A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility. The facility management must arrange for religious	(M) Met					
71	f. Accommodation of needs. A resident has the right to: 1. Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and 2. Receive notice before the resident's room or roommate in the facility is changed.	(M) Met					

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72	g. Patient activities. 1. The facility management must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.	(M) Met					
73	2. The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who: - Is licensed or registered, if applicable, by the State in which practicing; and - Is certified as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body.	(M) Met					
74	h. Social Services. 1. The facility management must provide medically related social services to attain or maintain the highest practicable mental and psychosocial well-being of each resident;	(M) Met					
75	2. For each 120 beds, a nursing home must employ one or more qualified social workers who work for a total period that equals at least the work time of one full-time employee (FTE). A State home that has more or less than 120 beds must provide qualified social worker services on a proportionate basis (for example, a nursing home with 60 beds must employ one or more qualified social workers who work for a total period equaling at least one-half FTE and a nursing home with 180 beds must employ qualified social workers who work for a total period equaling at least one and one-half FTE).	(M) Met					

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76	3. Qualifications of social worker. A qualified social worker is an individual with: i. A bachelor's degree in social work from a school accredited by the Council of Social Work Education; and Note: A master's degree social worker with experience in long-term care is preferred. ii. A social work license from the State in which the State home is located, if offered by the State; and iii. A minimum of one year of supervised social work experience, in a health care setting working directly with individuals.	(M) Met					
77	4. The facility management must have sufficient support staff to meet patient's social services needs.	(M) Met					
78	5. Facilities for social services must ensure privacy for interviews.	(M) Met					
79	i. Environment. The facility management must provide: 1. A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;	(M) Met					
80	2. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	(M) Met					
81	3. Clean bed and bath linens that are in good condition;	(M) Met					
82	4. Private closet space in each resident room, as specified in § 51.200 (d)(2)(iv) of this part;	(M) Met					
83	5. Adequate and comfortable lighting levels in all areas;	(M) Met					
84	6. Comfortable and safe temperature levels. Facilities must maintain a temperature range of 71-81 degrees F.; and	(M) Met					
85	7. For the maintenance of comfortable sound levels.	(M) Met					

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86	<p>§ 51.110 Resident assessment.</p> <p>The facility management must conduct initially, annually and as required by a change in the resident's condition a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.</p> <p>a. Admission orders. At the time each resident is admitted, the facility management must have physician orders for the resident's immediate care and a medical assessment, including a medical history and physical examination, within a time frame appropriate to the resident's condition, not to exceed 72 hours after admission, except when an examination was performed within five days before admission and the findings were recorded in the medical record on admission.</p>	(M) Met							
87	<p>b. Comprehensive assessments. (1) The facility management must make a comprehensive assessment of a resident's needs:</p> <p>i. Using the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument Minimum Data Set, Version 2.0</p> <p>-----</p> <p>d. Submission of assessments. Each assessment (initial, annual, change in condition, and quarterly) using the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument Minimum Data Set, Version 2.0 must be submitted electronically to VA at the IP address provided by VA to the State within 30 days after completion of the assessment document.</p>	(M) Met							
88	<p>2. Frequency. Assessments must be conducted:</p> <p>i. No later than 14 days after the date of admission;</p> <p>ii. Promptly after a significant change in the resident's physical, mental, or social condition; and</p> <p>iii. In no case less often than once every 12 months.</p>	(M) Met							

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89	3. Review of Assessments. The nursing facility management must examine each resident no less than once every 3 months, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.	(M) Met					
90	4. Use. The results of the assessment are used to develop, review, and revise the resident's individualized comprehensive plan of care, under paragraph (d) of this section.	(M) Met					
91	c. Accuracy of Assessments 1. Coordination. i. Each assessment must be conducted or coordinated with the appropriate participation of health professionals. ii. Each assessment must be conducted or coordinated by a registered nurse that signs and certifies the completion of the assessment. 2. Certification. Each person who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.	(M) Met					
92	e. Comprehensive care plans. (1) The facility management must develop an individualized comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's physical, mental, and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the following— (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §51.120; and (ii) Any services that would otherwise be required under §51.120 of this part but are not provided due to the resident's exercise of rights under §51.70, including the right to refuse treatment under §51.70(b)(4) of this part.	(M) Met					

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93	2. A comprehensive care plan must be: i. Developed within 7 calendar days after completion of the comprehensive assessment; ii. Prepared by an interdisciplinary team, that includes the primary physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and iii. Periodically reviewed and revised by a team of qualified persons after each assessment.	(M) Met					
94	3. The services provided or arranged by the facility must: i. Meet professional standards of quality; and ii. Be provided by qualified persons in accordance with each resident's written plan of care.	(M) Met					
95	f. Discharge summary. Prior to discharging a resident, the facility management must prepare a discharge summary that includes— (1) A recapitulation of the resident's stay; (2) A summary of the resident's status at the time of the discharge to include items in paragraph (b)(2) of this section; and (3) A post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.	(M) Met					

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96	<p>\$ 51.120 Quality of care.</p> <p>Each resident must receive and the facility management must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>a. Reporting of Sentinel Events:</p> <p>1. Definition. A sentinel event is an adverse event that results in the loss of life or limb or permanent loss of function.</p> <p>2. Examples of sentinel events are as follows:</p> <p>i. Any resident death, paralysis, coma or other major permanent loss of function associated with a medication error; or</p> <p>ii. Any suicide of a resident, including suicides following elopement (unauthorized departure) from the facility; or</p> <p>iii. Any elopement of a resident from the facility resulting in a death or a major permanent loss of function; or</p> <p>iv. Any procedure or clinical intervention, including restraints, that result in death or a major permanent loss of function; or</p> <p>v. Assault, homicide or other crime resulting in patient death or major permanent loss of function; or</p> <p>vi. A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.</p> <p>3. The facility management must report sentinel events to the director of the VA medical center of jurisdiction within 24 hours of identification.</p>	(M) Met					

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97	<p>4. The facility management must establish a mechanism to review and analyze a sentinel event resulting in a written report no later than 10 working days following the event.</p> <p>i. Goal: The purpose of the review and analysis of a sentinel event is to prevent injuries to residents, visitors, and personnel, and to manage those injuries that do occur and to minimize the negative consequences to the injured individuals and facility.</p>	(M) Met							
98	<p>b. Activities of daily living: Based on the comprehensive assessment of a resident, the facility management must ensure that:</p> <p>i. Bathe, dress, and groom;</p> <p>1. A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to:</p> <p>ii. Transfer and ambulate;</p> <p>iii. Toilet;</p> <p>iv. Eat; and</p>	(M) Met							
99	<p>2. A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (b)(1) of this section; and</p>	(M) Met							
100	<p>3. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, hydration, grooming, personal and oral hygiene, mobility, and bladder and bowel elimination.</p>	(M) Met							
101	<p>c. Vision and hearing: To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident:</p> <p>1. In making appointments; and</p> <p>2. By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.</p>	(M) Met							

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102	d. Pressure sores. Based on the comprehensive assessment of a resident, the facility management must ensure that: 1. A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and 2. A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.	(M) Met					
103	e. Urinary and Fecal Incontinence. Based on the resident's comprehensive assessment, the facility management must ensure that: 1. A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and 2. A resident who is incontinent of urine receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. 3. A resident who has persistent fecal incontinence receives appropriate treatment and services to treat reversible causes and to restore as much normal bowel function as possible.	(M) Met					
104	f. Range of motion. Based on the comprehensive assessment of a resident, the facility management must ensure that: 1. A resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and 2. A resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or prevent further decrease in range of motion.	(M) Met					
105							

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<p>106 g. Mental and Psychosocial functioning. Based on the comprehensive assessment of a resident, the facility management must ensure that a resident, who displays mental or psychosocial adjustment difficulty, receives appropriate treatment and service</p>	(N) Not Met	<p>Based on interview it was determined that the facility failed to meet the Mental and Psychosocial needs for five (5) of twenty-nine (29) sampled residents, Residents #1, #2, #3, #4 and #6.</p> <p>The findings include:</p> <p>Interview with the Social Services Director on 03/17/11 at 1:25 pm revealed that the facility had not provided the needed Mental or Psychosocial assessments for Residents #1, #2, #3, #4 and #6 after it had been determined the Residents had suffered from Sexual Abuse by CNA #1. She further revealed that she had not "been officially" informed of all of the details of those investigations, but she had "heard" about them. She further stated that no mental or psychosocial assessment had been obtained on any of the residents after the abuse occurred, one of which occurred in 04/2010 and these services had still not been provided for the residents.</p> <p>S/S = H</p>	<p>Insert CAP details here></p>			
<p>107 h. Enteral Feedings. Based on the comprehensive assessment of a resident, the facility management must ensure that:</p> <p>2. A resident who is fed by enteral feedings receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, nasal-pharyngeal ulcers and other skin breakdowns, and to restore, if possible, normal eating skills.</p> <p>1. A resident who has been able to adequately eat or take fluids alone or with assistance is not fed by enteral feedings unless the resident's clinical condition demonstrates that use of enteral feedings were unavoidable; and</p>	(M) Met					

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108	i. Accidents. The facility management must ensure that: 1. The resident environment remains as free of accident hazards as is possible; and 2. Each resident receives adequate supervision and assistance devices to prevent accidents.	(M) Met							
109	j. Nutrition. Based on a resident's comprehensive assessment, the facility management must ensure that a resident: 1. Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and 2. Receives a therapeutic diet when a nutritional deficiency is identified.	(M) Met							
110	k. Hydration. The facility management must provide each resident with sufficient fluid intake to maintain proper hydration and health.	(M) Met							
111	l. Special needs. The facility management must ensure that residents receive proper treatment and care for the following special services: 1. Injections; 2. Parenteral and enteral fluids; 3. Colostomy, ureterosomy, or ileostomy care 4. Tracheostomy care; 5. Tracheal suctioning; 6. Respiratory care; 7. Foot care; and 8. Prostheses.	(M) Met							

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112	m. Unnecessary drugs: 1. General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: i. In excessive dose (including duplicate drug therapy); or ii. For excessive duration; or iii. Without adequate monitoring; or iv. Without adequate indications for its use; or v. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or	(M) Met					
113	2. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility management must ensure that: ii. Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. i. Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and	(M) Met					
114	n. Medication Errors. The facility management must ensure that: 1. Medication errors are identified and reviewed on a timely basis; and 2. Strategies for preventing medication errors and adverse reactions are implemented.	(M) Met					

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115	§ 51.130 Nursing Services. The facility management must provide an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing care needs, as determined by resident assessment and individualized comprehensive plans of care, of all patients within the facility 24 hours a day, 7 days a week. a. The nursing service must be under the direction of a full-time registered nurse who is currently licensed by the State and has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff.	(M) Met					
116	b. The facility management must provide registered nurses 24 hours per day, 7 days per week.	(M) Met					
117	c. The director of nursing services must designate a registered nurse as a supervising nurse for each tour of duty. 2. Based on the application and results of the case mix and staffing methodology, the evening or night supervising nurse may serve in a dual role as supervising nurse as well as provides direct patient care only when the facility has an average daily occupancy of 60 or fewer residents in nursing homes.	(M) Met					
118	1. Based on the application and results of the case mix and staffing methodology, the director of nursing may serve in a dual role as director and as an on-site-supervising nurse only when the facility has an average daily occupancy of 60 or fewer residents in nursing homes. d. The facility management must provide nursing services to ensure that there is a minimum direct care nurse staffing per patient per 24 hours, 7 days per week of no less than 2.5 hours.	(M) Met					
119	e. Nurse staffing must be based on a staffing methodology that applies case mix and is adequate for meeting the standards of this part.	(M) Met					

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120	<p>§ 51.140 Dietary Services.</p> <p>The facility management must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.</p> <p>a. Staffing. The facility management must employ a qualified dietitian either full-time, part-time, or on a consultant basis.</p> <p>1. If a qualified dietitian is not employed full-time, the facility management must designate a person to serve as the director of food service who receives at least a monthly scheduled consultation from a qualified dietitian.</p> <p>2. A qualified dietitian is one who is qualified based upon registration by the Commission on Dietetic Registration of the American Dietetic Association.</p>	(M) Met					
121	<p>b. Sufficient staff. The facility management must employ sufficient support personnel competent to carry out the functions of the dietary service.</p>	(M) Met					
122	<p>c. Menus and nutritional adequacy. Menus must:</p> <p>1. Meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.</p> <p>2. Be prepared in advance; and</p> <p>3. Be followed.</p>	(M) Met					

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123	d. Food. Each resident receives and the facility provides: 1. Food prepared by methods that conserve nutritive value, flavor, and appearance; 2. Food that is palatable, attractive, and at the proper temperature; 3. Food prepared in a form designed to meet individual needs; and 4. Substitutes offered of similar nutritive value to residents who refuse food served.	(M) Met					
124	e. Therapeutic diets. Therapeutic diets must be prescribed by the primary care physician.	(M) Met					
125	f. Frequency of meals. 1. Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. 2. There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided in paragraph (f)(4) of this section. 3. The facility staff must offer snacks at bedtime daily. 4. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day, if a resident group agrees to this meal span, and a nourishing snack is served.	(M) Met					
126	g. Assistive devices. The facility management must provide special eating equipment and utensils for residents who need them.	(M) Met					
127	h. Sanitary conditions. The facility must: 1. Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; 2. Store, prepare, distribute, and serve food under sanitary conditions; and	(M) Met					

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128	<p>§ 51.150 Physician services.</p> <p>A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.</p> <p>a. Physician supervision. The facility management must ensure that:</p> <ol style="list-style-type: none"> 1. The medical care of each resident is supervised by a primary care physician; 2. Each resident's medical record must list the name of the resident's primary physician; and 3. Another physician supervises the medical care of residents when their primary physician is unavailable. <p>b. Physician visits. The physician must:</p> <ol style="list-style-type: none"> 1. Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; 2. Write, sign, and date progress notes at each visit; and 3. Sign and date all orders. 	(M) Met					
129	<p>b. Physician visits. The physician must:</p> <ol style="list-style-type: none"> 1. Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; 2. Write, sign, and date progress notes at each visit; and 3. Sign and date all orders. 	(M) Met					

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<p>130 c. Frequency of physician visits.</p> <ol style="list-style-type: none"> 1. The resident must be seen by the primary physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter, or more frequently based on the condition of the resident. 2. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. 3. Except as provided in paragraphs (c) (4) of this section, all required physician visits must be made by the physician personally. 4. At the option of the physician, required visits in the facility after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist in accordance with paragraph (e) of this section. 	(M) Met					
<p>131 d. Availability of physicians for emergency care. The facility management must provide or arrange for the provision of physician services 24 hours a day, 7 days per week, in case of an emergency.</p>	(M) Met					
<p>132 e. Physician delegation of tasks.</p> <ol style="list-style-type: none"> 1. Except as specified in paragraph (e)(2) of this section, a primary physician may delegate tasks to: <ol style="list-style-type: none"> i. A certified physician assistant or a certified nurse practitioner; or ii. A clinical nurse specialist who: <ol style="list-style-type: none"> A. is acting within the scope of practice as defined by State law; and B. is under the supervision of the physician. <p>Note: A certified clinical nurse specialist with experience in long term care is preferred.</p>	(M) Met					
<p>133 2. The primary physician may not delegate a task when the regulations specify that the primary physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies.</p>	(M) Met					

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134	<p>§ 51.160 Specialized rehabilitative services.</p> <p>a. Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech therapy, occupational therapy, and mental health services for mental illness are required in the resident's comprehensive plan of care, facility management must:</p> <ol style="list-style-type: none"> 1. Provide the required services; or 2. Obtain the required services from an outside resource, in accordance with § 51.210(h) of this part, from a provider of specialized rehabilitative services. 	(M) Met					
135	<p>b. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.</p>	(M) Met					
136	<p>§ 51.170 Dental Services. A facility:</p> <ol style="list-style-type: none"> a. Must provide or obtain from an outside resource, in accordance with § 51.210 (h) of this part, routine and emergency dental services to meet the needs of each resident; b. May charge a resident an additional amount for routine and emergency dental services; c. Must, if necessary, assist the resident; 1. In making appointments; and 2. By arranging for transportation to and from the dental services; and 3. Promptly refer residents with lost or damaged dentures to a dentist. 	(M) Met					
137	<p>§ 51.180 Pharmacy services.</p> <p>The facility management must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 51.210 (h) of this part. The facility management must have a system for disseminating drug information to medical and nursing staff.</p>	(M) Met					

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138	<p>a. Procedures. The facility management must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>b. Service consultation. The facility management must employ or obtain the services of a pharmacist licensed in a State in which the facility is located who:</p> <ol style="list-style-type: none"> 1. Provides consultation on all aspects of the provision of pharmacy services in the facility; 2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and 3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. 	(M) Met					
139	<p>b. Service consultation. The facility management must employ or obtain the services of a pharmacist licensed in a State in which the facility is located who:</p> <ol style="list-style-type: none"> 1. Provides consultation on all aspects of the provision of pharmacy services in the facility; 2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and 3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. 	(M) Met					
140	<p>c. Drug regimen review.</p> <ol style="list-style-type: none"> 1. The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. 2. The pharmacist must report any irregularities to the primary physician and the director of nursing, and these reports must be acted upon. 	(M) Met					

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141	d. Labeling of drugs and biologicals. Drugs and biologicals used in the facility management must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the e	(M) Met					
142	e. Storage of drugs and biologicals. 1. In accordance with State and Federal laws, the facility management must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	(M) Met					
143	2. The facility management must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse.	(M) Met					
144	§ 51.190 Infection Control. The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. a. Infection control program. The facility management must establish an infection control program under which it: 1. Investigates, controls, and prevents infections in the facility; 2. Decides what procedures, such as isolation, should be applied to an individual resident; and 3. Maintains a record of incidents and corrective actions related to infections.	(M) Met					

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING DATE
145	<p>b. Preventing spread of infection:</p> <ol style="list-style-type: none"> 1. When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility management must isolate the resident. 2. The facility management must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. 3. The facility management must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. 	(M) Met					
146	c. Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	(M) Met					
147	<p>§ 51.200 Physical environment.</p> <p>The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public.</p> <p>a. Life safety from fire. The facility must meet the applicable provisions of the 2006 edition of the Life Safety Code of the National Fire Protection Association (which is incorporated by reference).</p>	(M) Met					

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING DATE
148	<p>b. Emergency power.</p> <p>(1) An emergency electrical power system must be provided to supply power adequate for illumination of all exit signs and lighting for the means of egress, fire alarm and medical gas alarms, emergency communication systems, and generator task illumination.</p> <p>(2) The system must be the appropriate type essential electrical system in accordance with the applicable provisions of the National Fire Protection Association's NFPA 101, Life Safety Code (2006 edition) and the NFPA 99, Standard for Health Care Facilities (2005 edition).</p> <p>(3) When electrical life support devices are used, an emergency electrical power system must also be provided for devices in accordance with NFPA 99, Standard for Health Care Facilities (2005 edition).</p> <p>(4) The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources in accordance with the National Fire Protection Association's NFPA 101, Life Safety Code (2006 edition) and the NFPA 99, Standard for Health Care Facilities (2005 edition).</p>	(M) Met					
149	<p>c. Space and equipment. Facility management must:</p> <p>1. Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each resident's plan of care; and</p> <p>2. Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p>	(M) Met					

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE VA FOLLOW UP	FINAL RATING DATE
150	d. Resident rooms. Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents. 1. Bedrooms must: i. Accommodates no more than four residents; ii. Measure at least 115 net square feet per resident in multiple resident bedrooms; iii. Measure at least 150 net square feet in single resident bedrooms; iv. Measure at least 245 net square feet in small double resident bedrooms; and v. Measure at least 305 net square feet in large double resident bedrooms used for spinal cord injury residents. It is recommended that the facility have one large double resident bedroom for every 30 resident bedrooms. vi. Have direct access to an exit corridor. vii. Be designed or equipped to assure full visual privacy for each resident; viii. Except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains; ix. Have at least one window to the outside; and x. Have a floor at or above grade level.	(M) Met				
151	2. The facility management must provide each resident with: i. A separate bed of proper size and height for the safety of the resident; ii. A clean, comfortable mattress; iii. Bedding appropriate to the weather and climate; and iv. Functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident.	(M) Met				

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING DATE
152	e. Toilet facilities. Each resident room must be equipped with or located near toilet and bathing facilities. It is recommended that public toilet facilities be also located near the resident's dining and recreational areas.	(M) Met					
153	f. Resident call system. The nurse's station must be equipped to receive resident calls through a communication system from: 1. Resident rooms; and	(M) Met					
154	2. Toilet and bathing facilities. g. Dining and resident activities. The facility management must provide one or more rooms designated for resident dining and activities. These rooms must: 1. Be well lighted; 2. Be well ventilated; 3. Be adequately furnished; and 4. Have sufficient space to accommodate all	(M) Met					
155	h. Other environmental conditions. The facility management must provide a safe, functional, sanitary, and comfortable environment for the residents, staff and the public. The facility must: 1. Establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply;	(M) Met					
156	2. Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two.	(M) Met					
157	3. Equip corridors with firmly secured handrails on each side; and	(M) Met					
158	4. Maintain an effective pest control program so that the facility is free of pests and rodents.	(M) Met					

Department of Veterans Affairs - (Standards - Nursing Home Care)

SURVEY CLASS
Cause Survey

SURVEY YEAR
2011

COMPLETION DATE
3/17/2011

NAME OF FACILITY
Ardmore State Veterans Home

STREET ADDRESS
1015 South Commerce

CITY
Ardmore

STATE
OK

ZIP CODE
73402

Debbie Masden_635

Kathy Cummins_635

Matthew.Fox

Paula Higgs_635

Response

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	RESPONSIBLE PERSON	TARGET DATE
51.210	Not Met Facility failed to follow facility policy related to timely investigations of patient abuse, reporting potential abuse, use evidence provided by the facility's Progressive Disciplinary System; check potential new hires prior to employment for Nurse Aide Abuse Registry and Criminal record checks in and out of state and report substantiated abuse to State Board of Nursing and State Nurse Aide Abuse Registry	<p>Agency Standing Operating Procedure has been revised to clarify the requirement of conducting a multi-state registry verification in accordance with VA regulations. The Ardmore Veterans Center has begun conducting that verification on all current employees as well as all new hires.</p> <p>Training regarding the patient abuse policy, reporting requirements and investigation requirements is being conducted by the Oklahoma Department of Human Services, Long Term Care Investigations at the Ardmore facility for all employees available. Remaining staff will be trained as schedule permits until all employees receive training.</p> <p>Key administrative and supervisory personnel will receive abuse/investigation training on 5/3/11 conducted by DHS Long Term Care Investigations</p> <p>One or more Programs Administrators from Central Office will travel with the agency Peer Review Team and will conduct a</p>	<p>Revised SOP 223 (Attachment #1)</p> <p>Memo to Administrators regarding multi-state nurse aide abuse registry check (Attachment #2)</p> <p>Letter to Ardmore Veterans Center regarding multi-state nurse aide registry check (Attachment #3)</p> <p>E-mail to Administrators, Assistant Administrators and Human Resources regarding nurse aide registry checks (Attachment #4)</p> <p>Training sign-in sheets (Attachment #5)</p> <p>Handouts (Attachment #6)</p> <p>Revised SOP #721 (Attachment #7)</p>	<p>Administrator</p> <p>Human Resources</p> <p>Training Coordinator</p>	<p>April 2011</p> <p>Training by DHS conducted on April 13, 2011. Target date for completion of training for all other employees is May 2011.</p> <p>Administrative and supervisory personnel training will be conducted on 5/3/11.</p> <p>Revised SOP 4/11. Implementation will begin with next scheduled Peer Review.</p>

Response

51.210(k)(4)	<p>Not Met Facility failed to check other state registries for one CNA of ten who were known to work in other states</p>	<p>comprehensive quality assurance review of each Center's abuse/neglect training, reporting and investigation policies, procedures and practices.</p> <p>Agency Standing Operating Procedure has been revised to clarify the requirement of conducting a multi-state registry verification in accordance with VA regulations. The Ardmore Veterans Center has begun conducting that verification on all current employees as well as all new hires.</p>	<p>Revised SOP #223 (See Attachment #1)</p> <p>Memo to Administrators regarding multi-state nurse aide abuse registry check (See Attachment #2)</p> <p>Letter to Ardmore Veterans Center regarding multi-state nurse aide registry check (See Attachment #3)</p> <p>E-mail to Administrators, Assistant Administrators and Human Resources regarding nurse aide registry checks (See Attachment #4)</p>	<p>Administrator Human Resources</p>	<p>April 2011</p>
51.90(c)	<p>Not Met Facility failed to follow facility policy related to timely investigations of alleged abuse, reporting potential abuse, use evidence provided by the facility's Progressive Disciplinary System; check potential new hires prior to employment for Nurse Aide Abuse Registry and Criminal record checks in and out of state and report substantiated abuse to State Board of Nursing and State Nurse Aide Abuse Registry</p>	<p>Agency Standing Operating Procedure has been revised to clarify the requirement of conducting a multi-state registry verification in accordance with VA regulations. The Ardmore Veterans Center has begun conducting that verification on all current employees as well as all new hires.</p> <p>Training regarding the patient abuse</p>	<p>Revised SOP #223 (See Attachment #1)</p> <p>Memo to Administrators regarding multi-state nurse aide abuse registry check (See Attachment #2)</p> <p>Letter to Ardmore Veterans Center regarding multi-state nurse aide registry check (See Attachment #3)</p> <p>E-mail to Administrators, Assistant Administrators and Human Resources regarding nurse aide registry checks (See Attachment #4)</p> <p>Training sign-in sheets (See Attachment #5)</p>	<p>Administrator Human Resources</p> <p>Training Coordinator</p>	<p>April 2011</p> <p>Training by DHS conducted on April 13, 2011. Target</p>

Response

		<p>policy, reporting requirements and investigation requirements is being conducted by the Oklahoma Department of Human Services, Long Term Care Investigations at the Ardmore facility for all employees available. Remaining staff will be trained as schedule permits until all employees receive training.</p> <p>Key administrative and supervisory personnel will receive abuse/investigation training on 5/3/11 conducted by DHS Long Term Care Investigations</p>	<p>Handouts (See Attachment #6)</p>		<p>date for completion of training for all other employees is May, 2011.</p>
		<p>One or more Programs Administrators from Central Office will travel with the agency Peer Review Team and will conduct a comprehensive quality assurance review of each Center's abuse/neglect training, reporting and investigation policies, procedures and practices.</p>	<p>Revised SOP #721 (See Attachment #7)</p>		<p>Administrative and supervisory personnel training will be conducted on 5/3/11.</p> <p>Revised SOP 4/11. Implementation will begin with next scheduled Peer Review.</p>
51.120(g)	<p>Not Met Facility failed to meet the Mental Psychosocial needs for five of twenty-nine sampled residents</p>	<p>Facility policy has been revised to refer residents for psychosocial counseling</p>	<p>Copy of facility policy (See Attachment #8)</p> <p>Revised SOP #713 (See Attachment #9)</p>	<p>Administrator Medical Staff Social Services</p>	<p>April 2011</p>